

LETTER TO CUSTODIAN OF BIRTH RECORDSClaim Number - -Date

Custodian of Record: Please complete, sign and date part 5 of this form, include your seal if you have one, and return the form to requester/SSA.

PART 1 - TO BE COMPLETED BY REQUESTER

Sir/Madam:

I/the Social Security Administration (Circle One) need(s) to establish a date of birth for SSA purposes. I request a certified copy/certification/verification (Circle One) of your record showing the date of birth based on:

- The information below; or
 The document attached.

Full Name at Birth

Sex

Date of Birth (Month, Day, Year)

Place of Birth (City, County, and State)

Mother's Maiden Name (First, Full Middle, Last)

Father's Name (First, Full Middle, Last)

☐ I authorize the disclosure of the requested information to the Social Security Administration.

Signature

Address

Print Full Name

Relationship to Above Person (e.g., Self, Authorized Applicant)

() -

Phone Number with Area Code

PART 2 - NOTARIZATION OF REQUESTER'S SIGNATURE (If Required)

Notary Public should use the space below for notarization and placement of seal.